omplete and sendapis form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS— form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed with appropriate and intercorrespondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications. CLERRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, n have its own certificate of mailing or transmission. 03/18/2005 022888 BEVER HOFFMAN & HARMS, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envei addressed to the Mail Stop ISSUE FEE address above, or being facsin transmitted to the USPTO (703) 746-4000, on the date indicated below. TRI-VALLEY OFFICE 1432 CONCANNON BLVD., BLDG. G LIVERMORE, CA 94550 04/14/2005 AKELECH2 00000038 10676695 (Depositor's na Carrie Reddick (Signat 1400.00 DP 01 FC:1501 300.00 OP 02 FC:1504 April 8, 2005 Œ 03 FC:8001 6.00 DP FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE Fu-Chieh Hsu MST-013-1D 8152 10/676,695 09/30/2003 TITLE OF INVENTION: METHOD OF FABRICATING A ONE TRANSISTOR FLOATING-BODY DRAM CELL IN BULK CMOS PROCESS WITH ELECTRICAL ISOLATED CHARGE STORAGE REGION APPLN, TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO \$1400 \$300 \$1700 06/20/2005 nonprovisional EXAMINER 1 ART UNIT **CLASS-SUBCLASS** WILSON, ALLAN R. 2815 257-239000 F. Change of correspondence address or indication of "Fee Address" (37-CFR 1-363). -2. For printing on the patent front page, list. Bever, Hoffman & (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/422) attached. or agents OR, alternatively, Harms, LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2 registered patent attorneys or agents. If no name is 3 E. Eric Hoffman listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Monolithic System Technology, Inc. Sunnyvale, CA

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